

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M.P.		6-8-01
O.I.P.E. CLASSIFIER	[Signature]	1101	08/11/01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓	.....	Rejected	N	.....	Non-elected
≡	.....	Allowed	I	.....	Interference
—	(Through numeral)...	Canceled	A	.....	Appeal
•	.....	Restricted	O	.....	Objected

Claim		Date	
Final	Original		
	11/27/02		
	5/5/03		
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Claim		Date
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Claim		Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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